

Duty of care: waste transfer note

Ref. No.

A Description of waste

Description of waste: Quantity: (e.g. weight, number of sacks)

Containment method: bag drum skip loose other (please state)

List of Wastes code(s):

B Current holder of waste (Transferor)

(BLOCK CAPITALS)

Full Name:

Company Name & Address:

Postcode: SIC Code (2007):

Tick box(es) as appropriate

Are you Local Authority? Importer? Producer?

Name of your council/unitary authority:

By signing in section D below I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011 Yes

C Collector/receiver of waste (Transferee)

(BLOCK CAPITALS)

Full Name:

Company Name & Address:

Postcode: Are you Local Authority?

<input type="checkbox"/> Holder of an environmental permit Permit No. Issued by
<input type="checkbox"/> Registered waste exemption Details (including number)
<input type="checkbox"/> Registered waste carrier/broker/dealer Reg. No. Details <input type="checkbox"/> carrier <input type="checkbox"/> broker <input type="checkbox"/> dealer

<input type="checkbox"/> Holder of an environmental permit Permit No. Issued by
<input type="checkbox"/> Registered waste exemption Details (including number)
<input type="checkbox"/> Registered waste carrier/broker/dealer Reg. No. Details <input type="checkbox"/> carrier <input type="checkbox"/> broker <input type="checkbox"/> dealer

D Transfer details

For multiple loads or regular pickup state date/time range

Address of place transfer:

Date(s) of transfer: Time of transfer:

Current holder of waste (Transferor) (BLOCK CAPITALS) Full name: Signature: On behalf of:
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Collector/receiver of waste (Transferee) (BLOCK CAPITALS) Full name: Signature: On behalf of:
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E Broker details (if applicable)

Broker Registration Number:

Full name:

Company name & address:

Post Code: